

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53	/					
4		/					54	/					
5		/					55		/				
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
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39		/					89		/				
40		/					90		/				
41		/					91		/				
42		/					92		/				
43		/					93	/					
44		/					94		/				
45		/					95		/				
46		/					96		/				
47		/					97		/				
48		/					98	/					
49		/					99	/					
50		/					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	9	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	62	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	71					